

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/23/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155718		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/08/2011	
NAME OF PROVIDER OR SUPPLIER COMMUNITY NORTHVIEW CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1235 WEST CROSS STREET ANDERSON, IN46011			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 02/17/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/08/11</p> <p>Facility Number: 000562 Provider Number: 155718 Aim Number: 100267150</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this PSR survey, Community Northview Care Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, and spaces open to the</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0144 SS=F	<p>corridors. The facility has a capacity of 101 and had a census of 77 at the time of this visit.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 04/13/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>Based on interview, the facility failed to ensure the alternate source of power from the generator was capable of automatically connecting to the load within 10 seconds in the event of failure of normal power. NFPA 99, the Standard for Health Care Facilities, Nursing Home requirements requires essential electrical distribution systems to conform to Type 2 systems as described in Chapter 3 of NFPA 99. NFPA 99, 3-6.3.1.2 requires the emergency system to be arranged so in the event of failure of the normal power</p>			K0144	<p>The Plan of Correction for K-144 will be to have a new Generator installed at the Facility. The Facility had been focused on repairing the 5 year old generator as opposed to having to replace one. The company who came to look at our existing generator said that it could be fixed to transfer load within 10seconds. This is not possible to do with our existing generator so our efforts have been redirected to purchasing a new generator. The facility is going to replace the generator with a new one that</p>		07/30/2011

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	<p>source, the alternate source of power will automatically connect to load within 10 seconds. This deficient practice could affect all occupants in the facility including staff, visitors and residents in the event the generator could not operate under load conditions when needed during a power failure.</p> <p>Findings include:</p> <p>Based on interview on 04/08/11 at 1:00 p.m. with the Administrator, several attempts were made to adjust the ignition on the generator to connect to load within ten seconds, all of which failed. It was further acknowledged by the Administrator, the facility is in the process of procuring a new generator capable of operating under load to meet the ten second requirement.</p> <p>This deficiency was cited on 02/17/11. The facility failed to implement a systemic plan of correction to prevent recurrence.</p> <p>3.1-19(b)</p>				<p>meets the 10 second requirement. Since this is not an overnight job, Estimates are being recieved and a contract will be signed and sent to the ISDH to reflect the date of completion. The facility administrator is requesting a temporay waiver to allow for time to correct this deficiency properly. The facility will continue to test and ensure that our current generator works properly with weekly monitoring. It currently transfers load within 15 seconds The plan of correction date for this deficiency will be July 30th if not earlier.</p>		